



New Jersey Department of Environmental Protection
Site Remediation and Waste Management Program

COVER/CERTIFICATION FORM

(Submit with Remedial Phase Report, Receptor Evaluation, and CEA Forms)

Date Stamp
(For Department use only)

SECTION A. SITE INFORMATION

Site Name: _____

AKAs: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

Program Interest (PI) Number(s): _____

Case Tracking Number(s) for this submission: _____

Date Remediation Initiated Pursuant to N.J.A.C. 7:26C-2: _____

State Plane Coordinates for a central location at the site: Easting: _____ Northing: _____

List current Municipal Block and Lot Numbers of the Site:

Block # _____ Lot #(s) _____ Block # _____ Lot #(s) _____

Block # _____ Lot #(s) _____ Block # _____ Lot #(s) _____

Block # _____ Lot #(s) _____ Block # _____ Lot #(s) _____

Block # _____ Lot #(s) _____ Block # _____ Lot #(s) _____

SECTION B. SUBMISSION STATUS

1. Indicate how the Electronic Data Deliverable (EDD) for this submission is being provided to the NJDEP:

☐ Via Email at srpedd@dep.nj.gov (attach NJDEP confirmation email); or

☐ CD (attach to this submission)

☐ Not Applicable – No EDD

2. Complete the following Submission and Permit Status Table:

		Included in this Submission	Previously Submitted	Date of Submission	Date of Revised Submission	Date of Previous NJDEP Approval	Date of Document Withdrawal
Remedial Phase Documents	N/A						
Preliminary Assessment Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Site Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Work Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Remedial Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Response Action Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other Submissions							
Alternative Soil Remediation Standard and/or Screening level Application Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Case Inventory Document		<input type="checkbox"/>					
Classification Exception Area / Well Restriction Area (CEA/WRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Discharge to Ground Water Permit by Rule Authorization Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

IEC Engineered System Response Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Immediate Environmental Concern Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LNAPL Interim Remedial Measure Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Public Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Receptor Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Technical Impracticability Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Vapor Concern Mitigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Application – list:	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Action Workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Radionuclide Remedial Investigation Workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SECTION C. SITE USE

Current Site Use: (check all that apply)

- ☐ Industrial ☐ Agricultural
☐ Residential ☐ Park or recreational use
☐ Commercial ☐ Vacant
☐ School or child care ☐ Government
☐ Other: _____

Intended Future Site Use, if known: (check all that apply)

- ☐ Industrial ☐ Park or recreational use
☐ Residential ☐ Vacant
☐ Commercial ☐ Government
☐ School or child care ☐ Future site use unknown
☐ Other: _____

SECTION D. CASE TYPE: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Administrative Consent Order (ACO) | <input type="checkbox"/> Landfill (SRP subject only) |
| <input type="checkbox"/> Brownfield Development Area (BDA) | <input type="checkbox"/> Regulated Underground Storage Tank (UST) |
| <input type="checkbox"/> Child Care Facility | <input type="checkbox"/> Remediation Agreement (RA)/Remediation Certification |
| <input type="checkbox"/> Chrome Site (Chromate chemical production waste) | <input type="checkbox"/> School Development Authority (SDA) |
| <input type="checkbox"/> Coal Gas | <input type="checkbox"/> School facility |
| <input type="checkbox"/> Due Diligence with RAO | <input type="checkbox"/> Spill Act Defense – Government Entity |
| <input type="checkbox"/> Hazardous Discharge Remediation Fund (HDSRF) Grant/Loan | <input type="checkbox"/> Spill Act Discharge |
| <input type="checkbox"/> ISRA | <input type="checkbox"/> UST Grant/Loan |
| | <input type="checkbox"/> Other: _____ |

Federal Case (check all that apply)

- ☐ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE

1. Is the party conducting remediation a government entity? ☐ Yes ☐ No
 If "Yes," check one: ☐ Federal ☐ State ☐ Municipal ☐ County

SECTION E. PUBLIC FUNDS

Did the remediation utilize public funds? ☐ Yes ☐ No

If "Yes," check applicable:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> UST Grant | <input type="checkbox"/> UST Loan | <input type="checkbox"/> Brownfield Reimbursement Program |
| <input type="checkbox"/> HDSRF Grant | <input type="checkbox"/> HDSRF Loan | <input type="checkbox"/> Landfill Reimbursement Program |
| <input type="checkbox"/> Spill Fund | <input type="checkbox"/> Schools Development Authority | <input type="checkbox"/> Environmental Infrastructure Trust |

SECTION F. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: _____

First Name: _____ Last Name: _____

Phone Numbers: _____ Ext.: _____ Fax: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) *I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.*

(2) *I certify:*

- *That I have read this submission and all attachments to this submission;*
- *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
- *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
- *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
- *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*

(3) *I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.*

(4) *I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.*

(5) *I certify that I understand and acknowledge that:*

- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
- *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.*

(6) *I certify that I have read this certification prior to signing, certifying, and making this submission.*

LSRP Signature: 

Date: 01/05/2023

LSRP Name: _____

Company Name: _____

SECTION G. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: Hess Corporation

Representative First Name: John

Representative Last Name: Schenkewitz

Title: Sr Advisor, EHS

Phone Number: (609) 406-3969

Ext.: _____

FAX: (732) 352-7795

Mailing Address: Trenton-Mercer Airport, 1000 Jack Stephan Way

Municipality: Trenton

State: NJ

Zip code: 08628

Email Address: jschenkewitz@hess.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____

Date: 1/6/23

Name/Title: John Schenkewitz / Senior Advisor, EHS

For CEA Submissions:

☐ Check this box if the person above is also the property owner of the site or their representative. If this person is not the site property owner, please ensure the site property owner's name and address is in the first line of the table in Section E.2 of the Classification Exception Area / Well Restriction Area (CEA/WRA) Fact Sheet Form.

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420